

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024618

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3059 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

6-3-63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

National Cemetery

DOCUMENT

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

J. King

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Springfield</u>	
Length of stay in lb <u>1 week</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Lukes Hosp</u>		d. STREET ADDRESS <u>1105 N. Talmage</u>	
3. NAME OF DECEASED (Type or print) First <u>Mildred</u> Middle <u>Vaughn</u> Last <u>Stockstill</u>		4. DATE OF DEATH Month <u>5</u> Day <u>28</u> Year <u>63</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-6-1910</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>seamstress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>clothing</u>	
11a. BIRTHPLACE (City and state or country) <u>Alabama</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Emmie Ruthenford</u>		13b. MOTHER'S MAIDEN NAME <u>Vera Ellis</u>	
14. NAME OF HUSBAND OR WIFE <u>Vane F. Stockstill</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT <u>Gladys Stockstill</u> Address <u>1929 7.17 KCC</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac arrest</u> DUE TO (b) <u>Acute Stenosis Rheumatic Heart Disease</u> DUE TO (c) <u>[redacted]</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>[redacted]</u> a.m. <u>[redacted]</u> p.m. <u>[redacted]</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>May 22, 1963</u> to <u>May 28, 1963</u> and last saw <u>deceased</u> on <u>May 28-63</u> Death occurred at <u>10:30</u> A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. King, M.D.</u> (Degree or title)		22b. ADDRESS <u>4320 Warnace Rd.</u>	
22c. DATE SIGNED <u>5/28/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>5/28/63</u>		23c. NAME OF CEMETERY OR CREMATOR <u>National Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Springfield mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>5-29-63</u>	
23f. REGISTRAR'S SIGNATURE <u>Ruth Long</u>		23g. ADDRESS <u>Springfield</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 31 1964
AUG 1 1963

JUL 18 1963

JUN 26 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

1. All requests containing evidence will not be accepted: from one [unclear] person and wife spouse 1.